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EXPRESS MAIL LABEL NO. EL302642703US

PATENT
Atty. Docket No. INK-069
(2108/39)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Albert *et al.*

SERIAL NO.: 09/413,444

GROUP NO.: 1741

FILING DATE: October 6, 1999

EXAMINER: Not yet assigned

TITLE: Encapsulated Electrophoretic Displays Having a Monolayer of Capsules and
Materials and Methods for Making the Same

Assistant Commissioner of Patents
Washington, D. C. 20231

REFUND REQUEST UNDER 37 C.F.R. §1.26

Sir:

Pursuant to 37 C.F.R. §1.26, Applicant hereby requests a refund of fifty percent of the filing fee paid for the above-identified application, or \$1,307.00. At the time for paying the filing fee for the above-identified application, an executed statement claiming small entity status was not yet available. At that time, Applicants paid the small entity filing fee consisting of the basic filing fee, the fee for 77 claims in excess of 20, and the fee for 5 independent claims in excess of 3. Applicants should have paid for 6 independent claims in excess of 3. As a result of the foregoing, the Patent Office charged Deposit Account number 20-0531 for the balance due (\$1,346.00) for the total large entity filing fee of \$2,614.00.

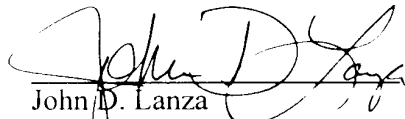
Enclosed herewith is an executed statement establishing small entity status under the provisions of 37 C.F.R. § 1.27. According to the provisions of 37 C.F.R. § 1.28(a)(1), a refund for fees paid in excess of the small entity fees may be obtained under 37 C.F.R. §1.26 if a statement under 37 C.F.R. § 1.27 and a request for a refund of the excess amount is filed within two months of the date of the timely payment of the full fee. The filing fee for the above-identified application was timely paid on October 19, 1999. The executed small entity statement is being filed on even date with this Request for Refund,

Applicant: Albert *et al.*
Serial No.: 09/413,444
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on December 14, 1999, within two months of payment of the filing fees. Therefore, a refund of \$1,307.00 is respectfully requested.

The Patent Office is invited to contact the undersigned attorney at (617) 248-7604 with any questions pertaining to this paper. Please refund the \$1,307.00 by crediting our Deposit Account No. 20-0531.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "John D. Lanza", is written over a horizontal line.

John D. Lanza
Attorney for Applicant
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110

Dated: December 14, 1999
Registration No. 40,060
Tel.: 617/248-7604
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EXPRESS MAIL ALBEL NO. EL302642703US

TRANSMITTAL
FORM

Application Serial Number	09/413,444
Filing Date	October 6, 1999
First Named Inventor	Albert
Group Art Unit	1741
Examiner Name	Not yet assigned
Attorney Docket No.	INK-069

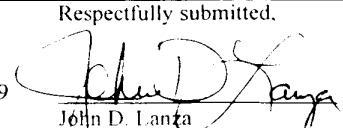
ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input checked="" type="checkbox"/> Copy of Small Entity Statement <input checked="" type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Appeal Communication to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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CORRESPONDENCE ADDRESS

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SIGNATURE BLOCK

Respectfully submitted,

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